No. <b>C 188679</b>		Due no later than Oct 31, 2016		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ROGER KOELZER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BENNETT MEDICAL SERVICES CHRISTAL JONES 6560 W EMERALD ST STE 124 BOISE ID 83704			6560 W EMERALD ST STE 124 BOISE ID 83704  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code
PRESIDENT	PRESIDENT TYLER BENNETT		2600 MILL STREET STE 600	R	RENO	NV	USA	89502
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NV C 188679		Signature: Christal Lucero Jones			Date: 11/17/2016			
		Name (type or print): Christal Lucero Jones			Title: Director of Branch Operation			
Processed 11/17/2016 * Electronically provided signatures are accepted as original signatures.								